

expected to be neutral, given equivalent unit prices with ARBs. Most results were robust to changes in underlying model settings and parameters, and in the range of acceptable values for health care interventions. **CONCLUSION:** Compared to several standard antihypertensives, aliskiren provides good value for money, and in some cases, results in cost savings and better outcomes.

PCV55**THIRY-DAY RESOURCE USE DIARY DATA FROM THE BURST STUDY**

Seung SJ¹, Mittmann N¹, Sharma M²

¹HOPE Research Centre, Toronto, ON, Canada, ²The Ottawa Hospital, Ottawa, ON, Canada

OBJECTIVE: This study identifies 30-day post discharge direct medical and nonmedical resources of ischemic stroke patients who are participants from The *BURden* of Ischemic *STroke* (BURST) Study. **METHODS:** The BURST Study is a prospective, observational study with a cohort (N = 200) of ischemic stroke patients recruited in a consecutive manner at stroke sites (N = 10) across Canada. In addition to four questionnaires, study participants were asked to complete a 30-day diary after discharge evaluating physician and health professional visits (direct medical) as well as paid services and purchase of stroke-related items (direct nonmedical). **RESULTS:** A total of 61 diaries were analyzed. Demographics included mean age 62.7 ± 15.5 (27–93) years, 52.4% male and 72.1% discharged as outpatients. On average, 4.8 ± 5.9 (0–28) doctor visits were reported. Inpatients at rehabilitation and long term care facilities had a mean 10.2 ± 8.4 (1–28) visits compared to 2.9 ± 3.0 (0–12) by outpatients. Nurses, therapists (physiotherapy, occupational and speech), social workers and dieticians were the most visited health professionals by all patients with a mean 20.1 ± 29.3 (0–98) visits. Inpatients reported more visits with a mean 59.2 ± 25.8 (3–98) visits compared to 4.9 ± 10.4 (0–52) by outpatients. Seventeen patients reported an average 10.5 ± 10.1 (1–30) paid service visits while 19 patients purchased at least one stroke-related item under \$499. **CONCLUSION:** Patients reported an average 5 doctor visits and 20 health professional visits, 30 days following their first ischemic stroke. The average number of visits increased if patients were discharged to an inpatient facility. Approximately 30% patients paid for services (e.g. housekeeping or transportation) and also purchased stroke-related items (e.g. cane or home renovations). The next step will be to apply unit costs to this data for cost calculations.

PCV56**VOLUME AND MIX OF CARDIAC X-RAY PROCEDURES ACROSS U.S. HOSPITALS: UTILIZATION DATA TO SUPPORT FINANCIAL DECISIONS**

Jassak S¹, Lunacek O², Patel P³, Shah M²

¹Wheaton Franciscan Healthcare, Milwaukee, WI, USA, ²Xcenda, Palm Harbor, FL, USA, ³GE Healthcare, Barrington, IL, USA

OBJECTIVE: Cardiovascular x-ray imaging machines have advanced patient care by providing the latest in imaging technology for diagnostic and interventional purposes. Hospitals are faced with the financial dilemma of whether the benefits of purchasing such a machine outweigh the costs. One important economic driver to help them make the decision is current and potential procedural mix and utilization data. However, limited research exists in this area and hospitals may not have access to this type of information. Therefore the objective of this analysis was to assess the volume and mix of cardiac x-ray procedures across U.S. hospitals so hospitals can utilize this data to make

informed financial decisions. **METHODS:** A cross-sectional retrospective analysis of hospital claims for the 2005 calendar year was conducted using the Premier's Comparative Database(tm). Procedures of interest were identified via primary and secondary ICD-9 procedure codes. Average volume per hospital was calculated as the total number of procedures of interest divided by the number of hospitals that conducted at least one procedure of interest. Procedure volume data was then rolled up into three specific categories: coronary/cardiac, peripheral and electrophysiology. **RESULTS:** In one year, a hospital on average conducted 3144 cardiac x-ray imaging procedures. A majority (48.1%) of the procedures were coronary/cardiac (N = 1512), followed by peripheral procedures at 36.9% (N = 1161) and the final 15.0% were electrophysiology procedures (N = 471). **CONCLUSION:** Results of this analysis could help hospitals develop cost-benefit models which can assist them in making financial decisions regarding purchasing a cardiology x-ray imaging machine.

CARDIOVASCULAR DISORDERS—Patient-Reported Outcomes**PCV57****PREVALENCE OF UNDERUTILIZATION OF INITIATED STATIN THERAPY AND RENIN-ANGIOTENSIN SYSTEM BLOCKADE**

Bowen KL, Owerbach J

Excellus BlueCross BlueShield, Rochester, NY, USA

OBJECTIVE: To estimate the proportion of a population underutilizing previously initiated therapy with statins and/or angiotensin converting enzyme inhibitors or angiotensin-II receptor blockers (ACEi/A2RB) and, of these, percent with high cardiovascular risk and how well they are identified by a strategy that targets new users. **METHODS:** The study sample consists of a geographically defined subset of a commercially insured population who were age 25 to 84 on October 31, 2007 and continuously enrolled from January 2002 through November 2007. For all patients with any history of filling a prescription in the respective drug category January 2002 to June 2006, the proportion of days covered (PDC) July 2006 to June 2007 is deduced from dispensed dates and days supplied. Underutilization is defined as PDC 0% or >0%–<80%. Claims January 2002–June 2006 are assessed for high cardiovascular risk criteria including: acute myocardial infarction, coronary revascularization, coronary atherosclerosis, acute ischemic stroke, diabetes, peripheral arterial disease, abdominal aortic aneurysm, nitrates, platelet aggregation inhibitors, diabetes therapy, cilastazol or pentoxifylline. **RESULTS:** Of 294,734 in the sample, 70,814 (24.0%) filled ≥ 1 prescription for a statin and 65361 (22.2%) for an ACEi/A2RB between 2002 and June 2006. During the subsequent 12 months, PDC was 0% and >0–<80%, respectively, for: 19.1% and 34.5% of all patients with previous statin history, 16.2% and 33.1% of those satisfying risk criteria; 26.7% and 26.7% of all with previous ACEi/A2RB history, 25.6% and 26.7% of those satisfying risk criteria. Patients who were new users in preceding 12 months (July 2005–June 2006) comprised 10.9% of high risk patients underutilizing previously started statin therapy and 7.6% of those underutilizing previously started ACEi/A2RB therapy. **CONCLUSION:** Underutilization of cardiovascular risk-lowering medications is an important problem that requires strategies beyond targeting new users.